

APPLICATION FOR ENDORSEMENT OR ENDORSEMENT PLAN (SAEP)

Cisco Certified Networking Associate (CCNA) Endorsement

This endorsement only attaches to Secondary Licenses, CTE Licenses or CTE/APP Licenses
Documentation must be attached to verify applicable course work and requirements

Last Name	First Name	Middle Name	Date	CACTUS ID #
Home Address			City	State
			Zip	Work Phone ()
Email Address				Home Phone ()
Current Teaching/License Status				
<input type="checkbox"/> Not Teaching OR Teaching at: (School)_____ (District)_____				
Educator License(s) held: <input type="checkbox"/> Secondary Education <input type="checkbox"/> Career & Technical (CTE) <input type="checkbox"/> CTE/APP				
Check only one	<input type="checkbox"/> I am requesting the Cisco Certified Networking Associate endorsement. All course work and requirements have been completed and the appropriate documentation is attached. An endorsement evaluation fee of \$40.00 is enclosed. OR			
	<input type="checkbox"/> I am submitting a plan (SAEP) for the Cisco Certified Networking Associate endorsement. Course work and requirements will be completed within the timeframe identified in the plan (one year). An endorsement evaluation fee of \$40.00, paid by my School District , is enclosed.			

This endorsement authorizes the instructor to teach the following approved Information Technology courses:
Cisco Certified Networking Associate, Network+

Course Work			
Required	Verification of 40 hours of a Cisco Certified Networking workshop, 3.0 credits for a Cisco Certified Networking class, or 2 years of Cisco networking work experience. (minimum requirement for SAEP)		Date Completed
	Verification of or plan for a passing score on the Cisco Certified Networking Associate exam.	Date to be Completed	Date Completed
	Portfolio of one original unit of instruction that could be used in teaching an Cisco networking class (include standards and objectives, presentations, handouts, activities, labs, rubrics, quizzes, tests, projects, etc.)	Date to be Completed	Date Completed

Signature of Applicant	Date
X	
Submit completed application and official transcripts or other documentation to: Stephanie Ferris, USOE Educator Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752 \$40.00 Endorsement Fee or \$40.00 SAEP fee must be included with this application	

----- **Information below to be completed by USOE personnel** -----

Endorsement Recommended	Cisco Certified Network Associate	SAEP Approved for one year
		CTE Specialist Signature _____ Date _____
		Endorsement Awarded
		CTE Specialist Signature _____ Date _____